

CITY OF MURFREESBORO

**QUESTIONNAIRE FOR APPOINTMENT TO
BOARD/ COMMISSION/ COMMITTEE/ SPECIAL ASSIGNMENT**

NAME: _____ DATE: _____

ADDRESS: _____ ZIP CODE _____ PHONE: _____

CITY RESIDENT: _____ HOW LONG: _____

HOW LONG RESIDENT OF RUTHERFORD COUNTY: _____

REGISTERED VOTER? _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____ PHONE: _____

OCCUPATION/TITLE: _____

HOW LONG HAVE YOU BEEN EMPLOYED HERE? _____

NAME OF SPOUSE: _____ EMPLOYER: _____

NUMBER OF CHILDREN: _____

ANY IN CITY OF MURFREESBORO SCHOOL SYSTEM? _____

EDUCATION: _____

APPOINTMENT APPLYING FOR: _____

CIVIC ORGANIZATIONS: _____

PROFESSIONAL ORGANIZATIONS: _____

PREVIOUS PUBLIC SERVICE: _____

LIST ANY SPECIAL QUALIFICATIONS/EXPERIENCE: _____

DO YOU KNOW OF ANY POSSIBLE CONFLICTS OF INTEREST THAT MAY PROHIBIT YOU FROM SERVING, IF APPOINTED? EXPLAIN. _____

ANY ADDITIONAL COMMENTS: _____

APPLICANT'S SIGNATURE

RETURN TO CITY MANAGER'S OFFICE IN THE CITY HALL OR BY MAIL
P.O. BOX 1139, MURFREESBORO, TENNESSEE 37130